

40-HOUR RCFE INITIAL CERTIFICATION TRAINING
35-HOUR ARF INITIAL CERTIFICATION TRAINING
RCFE AND ARF CONTINUING EDUCATION TRAINING

VENDOR GUIDELINES AND PROCEDURES

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ADMINISTRATOR CERTIFICATION SECTION

(Revised 6/98)

The Administrator Certification Program is a legislatively mandated program designed and intended to upgrade the knowledge and educational levels of persons wishing to become administrators of Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF) through a certification process. The Administrator Certification Program is also legislatively mandated to approve/disapprove all vendors of 35/40 hour initial certification training programs, all continuing education training vendors, and all courses and instructors providing the above education courses.

The Vendor Guidelines and Procedures package is provided to help prospective and renewing vendors to successfully complete request forms for vendor and course approval while providing the Department with the required information needed to perform its duties within the intent of Health and Safety Code and Regulations. This package is intended to provide a clear understanding of the differences and similarities among the four types of vendorships and to encourage current and prospective vendors to offer more than one type of course(s) to better serve prospective and current administrators. The ultimate goal is that training vendors and the Department may work together to provide current and responsive training to the administrators, enabling them to provide safe and effective care and supervision to our customers.

This Vendor Guidelines and Procedures package is dedicated to the providers of training, for they touch the lives of *many* through *each* that they empower.

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ADMINISTRATOR CERTIFICATION

I. DEFINITION OF TERMS

- A. Initial 40-Hour Vendor: A 40-hour vendor provides the initial 40-hour training course to those who are not currently administrators and who wish to become Residential Care Facility for the Elderly (RCFE) administrators. This training qualifies them to take the RCFE Administrator Certification Test.
- B. Initial 35-Hour Vendor: A 35-hour vendor provides the initial 35-hour training course to those who are not currently administrators and who wish to become Adult Residential Facility (ARF) administrators. This training qualifies them to take the ARF Administrator Certification Test.
- C. RCFE CEU Vendor: A RCFE CEU vendor provides Continuing Education Unit (CEU) training courses to RCFE administrators to qualify for renewal of their RCFE administrator certification.
- D. ARF CEU Vendor: An ARF CEU vendor provides Continuing Education Unit (CEU) training courses to ARF administrators to qualify for renewal of their ARF administrator certification.
- E. Initial Vendor Application: An initial vendor application is the application form requesting approval from the Department to become a vendor for the first time.
- F. Renewal Vendor Application: A renewal vendor application is the application form requesting approval from the Department to continue another two years as an approved vendor.
- G. Vendor Approval: The Administrator Certification Section grants vendor approval by assigning a vendor approval number to a person or an entity according to Health and Safety Code and Regulations. This grants them the authority to provide Department approved administrator certification and/or continuing education training courses to RCFE and ARF administrators. *(See example of a vendor approval number on page 8, VII.A.)*

- H. Course Approval: The Administrator Certification Section grants course approval by assigning a course approval number to a training course to indicate that it meets Health and Safety Code and Regulatory intent and requirements for RCFE and ARF administrator training. *(See example of a course approval number on page 26, XIII.A.1.)*
- I. CEU: Continuing Education Units are hourly training credits approved by the Department and are required to qualify to renew administrator certification.
- J. Classroom Hour: A classroom hour consists of sixty (60) minutes of classroom contact instruction with or without a break. *(It is recommended that no more than a twenty (20) minute break is included every four (4) hours.)* No credit is given for meal breaks.
- K. Continuing Education: Continuing education extends the process of training and the development of knowledge to ensure that administrators remain current with the principles and practices of the care and supervision of clients in RCFE and ARF facilities.
- L. Course: A course is: (1) a quarter-long or a semester-long structured sequence of classroom instruction covering a specific subject, or (2) a one-time seminar, workshop, or lecture of varying duration.
- M. Administrator Certification Program: The Administrator Certification Program is a legislatively mandated program administered by the State of California, Department of Social Services. The program: (1) Provides certification to licensees and individuals for the position of administrator in RCFE and ARF facilities, and (2) Approves training vendors and the courses they offer to provide training to current and prospective RCFE and ARF licensees and/or administrators, both within the intent and requirements of the Health and Safety Code and Regulations.

N. Administrator Certification

Section (ACS):

The organization within the State Department of Social Services, Community Care Licensing Division, authorized to administer all components of the certification program.

O. Administrator:

Administrator means the licensee, or the adult designated by the licensee to act in his/her behalf in the overall management of a RCFE or ARF. The licensee, if an individual, and the administrator may be the same person. Administrators are required to be currently certified.

P. Vendor:

A vendor is a Department approved institution, association, individual(s), or other entity assuming full responsibility and control over a Department approved training course or program.

II. Requirements for Administrator Certification

- A. A licensee and/or administrator of a Residential Care Facility for the Elderly (RCFE) is required to successfully complete a certification program approved by the Department. The certification program must provide a minimum of forty (40) hours of classroom instruction. The certification program must be approved by the Department prior to being offered to applicant administrators. Certification program approval automatically expires two (2) years from the date that the program is approved. RCFE administrators, who hold a valid Nursing Home Administrator (NHA) license, are required to complete only twelve (12) hours of classroom instruction in lieu of the 40 hours.
- B. The administrator of an Adult Residential Facility (ARF) is required to complete a certification program approved by the Department. The certification program must provide a minimum of thirty-five (35) hours of classroom instruction. The certification program must be approved by the Department prior to being offered to applicant administrators. Certification program approval automatically expires two (2) years from the date the program is approved.
- C. RCFE and ARF administrators are required to complete forty (40) hours of classroom instruction for Continuing Education Units (CEU) from an approved CEU vendor during the two (2) year period of certification in order to renew their certification. RCFE administrators who hold a valid NHA license are required to complete only twenty (20) hours of CEU training in RCFE approved courses to renew their certification.

III. Credit

A. Credit for coursework is allocated as follows:

1. Participants in approved courses will receive one (1) hour of CEU credit for each classroom hour attended.
2. In university or college courses where units are awarded for completion of a course, only hours that apply to Elderly or Adult Residential Facilities, whichever is applicable, will be approved for CEU credit.

B. No credit will be allocated for coursework as follows:

1. Instruction provided by CCLD staff,
2. Duplicate courses taken by administrators,
 - a. An administrator may not repeat a course number for credit. Course content is differentiated by the course number.
 - b. An administrator may take another course with the same or similar title for credit, but not with the same course number.
3. Original courses modified by a change of instructors, scheduled hours, or course content, or
4. Courses presented without first obtaining approval from the ACS.

IV. Certification Program Components

A. The *initial RCFE certification program* shall consist of forty (40) classroom hours as specified below:

1. Twelve (12) hours of instruction in laws, including residents' personal rights, regulations, policies and procedural standards that affect the operations of residential care facilities for the elderly,
2. Three (3) hours of instruction in business operations,
3. Three (3) hours of instruction in management and supervision of staff,
4. Five (5) hours of instruction in the physical needs of the elderly,
5. Five (5) hours of instruction in the psychosocial needs of the elderly,

6. Two (2) hours of instruction in the use of community and support services to meet residents' needs,
 7. Five (5) hours of instruction in the use, misuse and interaction of drugs commonly used by the elderly, and
 8. Five (5) hours of instruction on admission, retention and assessment procedures.
- B. *RCFE administrators who hold a valid NHA license* shall complete twelve (12) hours of instruction in the following areas:
1. Laws including residents' personal rights, regulations, policies and procedural standards that affect the operations of residential care facilities for the elderly,
 2. The use, misuse and interaction of drugs commonly used by the elderly, and
 3. Resident admission, retention and retention procedures.
- C. The *initial ARF certification program* shall consist of thirty-five (35) classroom hours as specified below:
1. Eight (8) hours of instruction in laws, including residents' personal rights, regulations, policies and procedural standards that affect the operations of an adult residential facility,
 2. Three (3) hours of instruction in business operations,
 3. Three (3) hours of instruction in management and supervision of staff,
 4. Four (4) hours of instruction in the physical needs of the facility resident,
 5. Five (5) hours of instruction in the psychosocial needs of the facility resident,
 6. Three (3) hours of instruction in the use of community and support services to meet residents' needs,
 7. Five (5) hours of instruction in the use, misuse and interaction of drugs commonly used by the facility resident, and
 8. Four (4) hours of instruction on admission, retention and retention procedures.

D. Recertification

1. RCFE and ARF recertification require completion of forty (40) classroom hours in approved CEU courses every two (2) years. The 40-hour initial certification courses are no longer approved for CEU credit. Areas of enhancement study related to the Core of Knowledge may include courses that:
 - a. Directly relate to the administrative duties and responsibilities of an administrator, such as, courses in management, accounting, business law and other pertinent administrative subjects, or
 - b. Directly relate to the care and supervision of the residents as required by law and regulation in an RCFE or ARF, whichever is applicable, ensuring that the clients' needs are met as identified in their needs and services plans.
2. RCFE administrators who hold a valid NHA license are only required to complete twenty (20) classroom hours every two (2) years in the areas specified in 1.a. and b. above.

V. Inspection

- A. The Department may inspect initial training program courses and continuing education courses to determine if content and teaching methods comply with standards upon which the courses were approved.
- B. The vendor shall ensure that all classes are open to attendance by Department representatives.
- C. The Department may inspect participant evaluations to determine if content and teaching methods comply with standards upon which the courses were approved.

VI. Administrator Certification Test

- A. Administrator applicants completing the initial RCFE and initial ARF certification programs must pass a standardized test, administered by the Department, with a minimum score of 70 percent, in addition to other requirements, to become certified.
- B. The test is *not* required to *renew* RCFE or ARF certification.

- C. Nursing Home Administrators who possess a *valid* license issued by the Board of Nursing Home Administrators (BNHA), and who have completed the twelve hours of specified training are not required to take the administrator certification test. However, they are required to submit a copy of their current NHA license, a copy of their coursework completion certificate(s), proof of a criminal record clearance, and a \$100.00 processing fee to the Administrator Certification Section.
- D. Administrators who participated in and passed the ARF Challenge Test, which was given between October 1, 1996 and December 23, 1996, and who met criminal record requirements and paid the \$100.00 processing fee were exempt from the 35-hour training requirement.
- E. SB 381 (Watson), Chapter 555, Statutes of 1997, effective January 1, 1998: Any person employed as an ARF administrator prior to July 1, 1996 is exempt from the 35-hour training requirement, provided that they can verify by signature of the licensee, that they were continuously employed as the administrator and had no more than a thirty-day break in service between June 30, 1994 and June 30, 1996. Individuals who are exempt from the training requirement must file a completed application for certification with the Department by April 1, 1998. Failure to apply by this date may require the completion of the initial 35-hour training program and passing of the Department administered written test in order to become certified.

VENDOR APPROVAL

VII. Things You Should Know About Vendor Approval

- A. A prospective initial RCFE 40-hour or ARF 35-hour certification vendor, or prospective RCFE or ARF CEU vendor *must request approval* on a Department provided application form (LIC 9141) prior to presenting courses to administrators. If approved, a *vendor approval number* will be issued on the LIC 9141. A vendor approval number is generated by a computer as follows:

1000025-735-1

(vendor number-type of vendor-type of course authorized)

- B. Vendor approvals *automatically expire two (2) years from the date of issuance*. As a courtesy, renewal notices are sent out ninety (90) days prior to the vendor expiration date (*See Page 8, Sample 1 and Page 2, Sample 2*). If you do not receive a renewal notice you may use the Vendor Application/Renewal (LIC 9141) form provided in this packet. You may want to make additional copies for future use.

VIII. Vendor Approval Processing Criteria

The general items listed below are criteria used to approve or disapprove vendor applications.

- A. Vendor Application
1. Submitted on form LIC 9141?
 2. Type of program:
 - a. ARF?
 - b. RCFE?
 3. Type of application:
 - a. Initial?
 - b. Renewal?
 4. Type of vendor:
 - a. RCFE 40-hour?
 - b. ARF 35-hour?
 - c. Continuing education?
 5. Vendor information
 - a. Vendor name?
 - b. Vendor phone number?
 - c. Vendor mailing address?
 6. Type of organization indicated?
 7. Members of organization
 - a. Names?
 - b. Titles?

DEPARTMENT OF SOCIAL SERVICES
744 P Street, M.S. 19-47, Sacramento, CA 95814



SUBJECT: INITIAL 35 or 40 HOUR CERTIFICATION PROGRAM VENDOR RENEWAL

This notice is to remind you that your organization's approval as a 35 or 40 vendor has expired, or will do so this year. Please submit the enclosed application form accompanied by payment of a one hundred and fifty (\$150.00) dollar processing fee.

If your vendor approval has expired and we do not receive your renewal prior to the end of this month, the name of your organization will be removed from our next published list of approved vendors. Renewal application forms and fees shall be submitted to:

Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, Ca 95814

If your renewal program will be identical to the previous one, except for dates, times, and locations of classroom instruction, please state this in your request. If your program is changing, please submit all changes for approval prior to offering the new program. **Dates, times, and locations must be submitted to us on an ongoing basis.**

Enclosed for your convenience is a vendor renewal form and a current list of approved vendors. This list will be updated during the first week of every month. If you have any questions regarding the renewal process, please contact the certification staff at (916) 324-4317.

Administrator Certification Section

Enclosures

DEPARTMENT OF SOCIAL SERVICES
744 P Street, M.S. 19-47, Sacramento, CA 95814



SUBJECT: RECERTIFICATION PROGRAM VENDOR RENEWAL

This notice is to remind you that your organization's approval as a continuing education (CE) vendor has expired, or will do so this year. Please submit the enclosed application form accompanied by payment of a one hundred (\$100.00) dollar processing fee.

If your CE vendor approval has expired and we do not receive your renewal request prior to the end of this month, the name of your organization will be removed from our next published list of approved vendors. Renewal application forms and fees shall be submitted to:

Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, Ca 95814

Your course will also expire at this time. Enclosed for your convenience is a form for renewal of continuing education courses and a current list of approved CE vendors. This list will be updated during the first week of every month. If you have any questions regarding the renewal process, please contact the certification staff at (916) 324-4317.

Administrator Certification Section

Enclosures

8. Authorized Representative
 - a. Name of authorized representative?
 - b. Mailing address of authorized representative?
9. Vendor
 - a. Name of applicant vendor?
 - b. Title of applicant vendor?
 - c. Signature of applicant vendor?

B. Fees

Determine if the appropriate processing fees have been received:

1. \$150.00 for 35/40-hour vendors
2. \$100.00 for continuing education vendors

C. Administrator Substantial Compliance

Verify that the vendor, and vendor members, who are administrators or licensees and who operate a RCFE or ARF, are in substantial compliance in accordance with H&S Code and regulations.

D. Approved Number or Denial Letter

Send the applicable response to the applicant vendor.

1. Issue an approval number if the vendor application meets the criteria.
2. If the vendor application does not meet the criteria, compose a letter stating the basis for the disapproval.

Items listed in A are items of information required to be provided in an application as specified in Health and Safety Code, Regulations, and the vendor guidelines. Applications will not be processed without the appropriate processing fees. Missing items and fees may result in the disapproval of the vendor application.

IX. Vendor Requirements

A. Initial RCFE 40-hour and initial ARF 35-hour certification vendors are required to:

1. Offer all forty (40) of the classroom hours required for applicants needing initial RCFE certification if the vendor is an RCFE 40-hour vendor,
2. Offer all thirty-five (35) of the classroom hours required for applicants needing initial ARF certification if the vendor is an ARF 35-hour vendor,
3. Establish procedures to allow participants to make up any component necessary to complete the program,
4. Contact the local Community Care Licensing District Office to schedule a test date and location.

5. Submit the participants' names on the Roster of Participants (LIC 9142) to the Department testing representative at the local Community Care Licensing district office within seven (7) days of completion of the initial RCFE 40-hour or the initial ARF 35-hour classroom instruction. A copy of the LIC 9142 is included in this package (*See Page 25, Sample 8*). Vendor computerized lists may be submitted in lieu of the LIC 9142, if all of the required data fields are reflected as found on the LIC 9142.
6. Instruct participants about the process for requesting their administrator certificates. Included in this package for your use, and to hand out to participants upon completion of the initial training course, is the Instruction Sheet for Obtaining Certification from Community Care Licensing (*See Page 13, Sample 3*) and the RCFE and ARF Request for Administrator Certificate (*See Page 14, Sample 4 and Page 15, Sample 5*).

B. RCFE CEU and ARF CEU vendors shall:

1. Upon completion of the course, submit the participants' names on the Roster of Participants (LIC 9142) included in this package to the Administrator Certification Section. Failure to submit the roster could result in rejected Certificates of Completion. Rosters are used to check for fraudulent certificates and to obtain legible names and addresses among other things.
2. Instruct participants about the process for renewing their administrator certificates. Included in this package for your information is a copy of the Notice of Certificate Expiration which is mailed to administrators ninety (90) days prior to expiration of their certificates (*See Page 16, Sample 6*).

C. Every type of vendor shall:

1. Issue a Certificate of Completion to each person attending an approved initial certification or continuing education course. Certificates should be distributed at the conclusion of the course. *Course title and approval numbers reflected on the Certificates of Completion must match those as approved by the Administrator Certification Section files.* If the course titles and numbers do not match, the certificate will not be accepted for processing and will be returned to the applicant or administrator resulting in the delay in certifying the individual. Each certificate must include at a minimum:
 - a. The title of the course exactly as approved by the ACS,
 - b. The course approval number from the LIC 9140 (e.g., 057-0209-2474). Vendors providing the initial 35/40-hour training courses will use their vendor number from the LIC 9141 here.

INSTRUCTION SHEET FOR OBTAINING CERTIFICATION FROM COMMUNITY CARE LICENSING

Send the following items to:

Department of Social Services
Community Care Licensing Division
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, California 95814

1. A copy of your test results letter.
 2. A copy of your certificate of completion given to you by the training vendor on the last day of class. Do not send the original.
 3. A check or money order for \$100.00 made payable to the Department of Social Services.
 4. A completed copy of the Request for Administrator Certificate form.
 5. If you have not yet submitted your fingerprints to the Department of Justice by the time you request certification, you must also include a completed fingerprint card (BID 7B) and a check for \$52.00 made payable to the Department of Justice. If you need a fingerprint card, you can obtain one from your local Licensing District Office or from your licensee.
- Be sure to make copies of all of the items listed above for your personal records.
- If you have any questions concerning the status of your application for administrator certification, contact the Administrator Certification Section at (916) 324-4317. However, please allow at least thirty (30) days for processing your application before calling.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED. THIS WILL DELAY THE ISSUANCE OF YOUR CERTIFICATE.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814

**REQUEST FOR ADMINISTRATOR CERTIFICATE
RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)**

I am requesting my RCFE administrator certificate. Enclosed you will find:

1. A copy of my test results letter.
2. A copy of my certificate of course completion for the 40-hour training program or 12-hour training program for Nursing Home Administrators.
3. A check or money order for the **\$100.00 processing fee made payable to the Department of Social Services.**
4. A completed copy of my Request for Administrator Certificate form, (this form).
5. A copy of my criminal record clearance, or a completed BID 7B fingerprint card and my check or money order for **\$52.00, made payable to the Department of Justice.**

In order to avoid delays in the processing of your application, please include all of the required documents as mentioned above. *Incomplete applications will be returned.*

PLEASE PRINT

SOCIAL SECURITY NUMBER _____

NAME _____

LAST

FIRST

MI

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____

FACILITY NUMBER _____

FACILITY NAME _____

TELEPHONE NUMBER _____

VENDOR NAME

VENDOR NUMBER

744 P Street, M.S. 19-47, Sacramento, CA 95814



I am requesting my ARF administrator certificate. Enclosed you will find:

1. A copy of my test results letter.
2. A copy of my certificate of course completion for the 35-hour training program.
3. A check or money order for the **\$100.00 processing fee made payable to The Department of Social Services.**
4. A completed copy of my Request for Administrator Certificate form, (this form).
5. A copy of my criminal record clearance, or a completed BID 7B fingerprint card and my check or money order for **\$52.00, made payable to The Department of Justice.**

In order to avoid delays in the processing of your application, please include all of the required documents as mentioned above. *Incomplete applications will be returned.*

SOCIAL SECURITY NUMBER

NAME _____

LAST

FIRST

MI

ADDRESS

CITY/STATE/ZIP

DATE OF BIRTH

FACILITY NUMBER

FACILITY NAME

TELEPHONE NUMBER

VENDOR NAME

VENDOR NUMBER

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814



NOTICE OF CERTIFICATE EXPIRATION

Certificate Number:
Effective Date:
Expiration Date:
Certificate Type:

Dear Certificate Holder:

The purpose of this letter is to notify you that the above certificate issued to you by the Department of Social Services (DSS) has expired. **If you have already submitted your renewal application, please disregard this notice.**

In order to maintain compliance with the provisions of the Adult/Elderly Certification Program, we are asking that you submit your renewal information and fees prior to the certificate expiration date.

Your renewal request must contain the following:

- (1) 40 hours of DSS approved continuing education units.
- (2) Renewal fee of one hundred (\$100) dollars.

Please return this letter with your renewal request. If you do not wish to renew your certificate, please check the box below. Certificates are mailed out the last day of the month in which certificates expire.

Certificates will be renewed only after the Department has verified:

- (1) Validity of coursework submitted.
- (2) A total of 40 hours of approved coursework.
- (3) Payment of the renewal processing fee.
- (4) Current criminal record clearance.

☐

I have enclosed all of the necessary information to renew my administrator certificate.

☐

I do not wish to renew my administrator certificate.

Signature:

Date:

If you have any questions, please contact the Certification Unit at (916) 324-4317.

Adult/Elderly Certification Program
Administrator Certification Section

- c. The name of the participant,
 - 1. If the participant is a certification applicant, remind him/her to use the same name throughout the Certification process on all forms (e.g., fingerprint card, Request for Administrator Certificate, roster).
 - 2. If the participant is already a certified administrator working toward recertification, the name should appear the same as on their current administrator certificate,
 - d. The date of the course,
 - e. The location of the course,
 - f. The number of classroom hours completed,
 - g. The signature of the vendor or vendor's authorized representative,
 - h. The vendor name,
 - i. The vendor approval number from the LIC 9141 (e.g., 1000198-735-2).
- 2. Offer a means by which an administrator may evaluate the course. Maintain course evaluations for Administrator Certification Section staff review.
 - 3. Maintain course evaluations:
 - a. For a minimum of three (3) years from the conclusion of the course if the vendor is an RCFE initial or RCFE CEU vendor,
 - b. For a minimum of three (3) years from the conclusion of the course if the vendor is an ARF initial or ARF CEU vendor.

X. How to Apply for Vendor Approval

- A. Any person or entity seeking vendor approval to present a Department approved administrator certification course or continuing education course for certification credit must submit a request for vendor approval to the Department. The request for vendor approval must include:
 - 1. A completed Vendor Application/Renewal (LIC 9141) form provided in this package (*See Page 22, Sample 7*):

- a. The Administrator Certification Section ***must be notified of all changes in any of the information*** submitted on the Vendor Application/Renewal form as soon as possible. Failure to notify the Administrator Certification Section may result in the failure to receive important information.
 - b. Substitute and alternate forms ***will not be accepted*** by the Administrator Certification Section and will be returned to you. Please use the forms contained in this package. If you do not have a current form, please contact the Administrator Certification Section for assistance.
2. A vendor application processing fee. The check or money order should be made payable to the **State Department of Social Services**.
 - a. The processing fee of \$150.00 is required for proposed vendors of initial RCFE 40-hour certification courses and initial ARF 35-hour certification courses.
 - b. The processing fee of \$100.00 is required for providers of RCFE CEU and ARF CEU courses.
 3. Mail the completed Vendor Application/Renewal form and applicable fee to:

Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, California 95814

XI.	<p>How to Complete the <u>Vendor Application/Renewal</u> (LIC 9141) (The numbers in parentheses noted on the form refer to the numbered instructions referenced here. <i>Tips are italicized.</i>)</p>	<p>Reference in Health & Safety Code and Regulations</p>
(1.)	<p>Indicate the type of training program you wish to offer by placing a check mark in the appropriate box.</p>	<p>87730(a), 85090(a)</p>
(2.)	<p>Indicate the type of application you are submitting. If this is the first time you are applying to become a vendor, check "initial." If you were previously approved and wish to apply for a two-year renewal, check "renewal." Provide your current vendor approval number in the space provided.</p>	<p>87730(h), 85090(h)</p>
(3.)	<p>Indicate the appropriate fees for the type of vendor you wish to become. If you wish to offer an initial 40-hour certification course or an initial 35-hour certification course, check "\$150.00". If you wish to offer RCFE or ARF continuing education courses, check "\$100.00."</p>	<p>H&S 1562.3(h)(5), H&S 1569.616(i)(5)</p>
(4.)	<p>Fill in your vendor name. Do not abbreviate or shorten the name.</p> <p><i>This is the exact name your vendorship will be identified by. Use this exact vendor name on all future applications and correspondence. This is the name of the person, partnership, or association. Any fictitious name used must be exactly as filed in the fictitious business statement in the county in which the business is located. If you are a corporation, use the name that you are registered to do business as with the Secretary of State. If you require a corporate name change, you must provide documentation from the Secretary of State.</i></p>	<p>87730(b)(1), 85090(b)(1)</p>
(5.)	<p>Indicate the phone number. The Department may contact you or your authorized representative at this phone number.</p> <p><i>Include the area code and extension. If you change your phone number, please notify the Administrator Certification Section to update your file.</i></p>	<p>87730(b)(1), 85090(b)(1)</p>

- | | |
|--|-------------------------------------|
| <p>(6.) Fill in your vendor mailing address. Do not abbreviate or shorten it. Include street address or Post Office box number, city, state, and zip code.</p> <p style="text-align: center;"><i>If you change this address, you must notify the Administrator Certification Section. Failure to do so will delay correspondence to you.</i></p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(7.) Identify which type of entity is applying for vendor approval. Check the appropriate box.</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(8.) Print the name of the individual if an individual is applying for vendor approval. If a partnership is applying, please print the member names. If a corporation, association, or other type of organization is applying, please print the names of the president, vice-president and secretary.</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(9.) Print the titles of the persons you have listed in Section (8).</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(10.) Print the name of your authorized representative.</p> <p style="text-align: center;"><i>This is the person that you have designated to act on your behalf with the Department.</i></p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(11.) Provide the signature of your authorized representative.</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(12.) Print the title of your authorized representative.</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(13.) Provide the authorized representative's signature date.</p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(14.) Provide the mailing address of your authorized representative to whom all correspondence should be directed. Provide the street address or Post Office box number, city, state and zip code.</p> <p style="text-align: center;"><i>This address will be maintained in the Administrator Certification System. If this address changes you must notify the Administrator Certification Section. Failure to do so will delay correspondence to you.</i></p> | <p>87730(b)(1),
85090(b)(1)</p> |
| <p>(15.) Print the name of the applicant vendor.</p> <p style="text-align: center;"><i>This is the person ultimately responsible for the vendor business.</i></p> | <p>87730(b)(1),
85090(b)(1)</p> |

(16.) Provide the signature of the applicant vendor.	87730(b)(1), 85090(b)(1)
(17.) Print the title of the applicant vendor.	87730(b)(1), 85090(b)(1)
(18.) Provide the signature date of the applicant vendor.	87730(b)(1), 85090(b)(1)
(19.) Do not write in the box provided for DSS use. If the vendor application is approved, it will be checked as approved and will indicate whether it is an initial application approval or a renewal application approval. A vendor approval number will be provided on this form which should be used on all future correspondence and on Certificates of Completion issued to classroom participants. An expiration date will be provided. This is your official notification of when your vendorship expires.	87730(g), 85090(g), 87730(e)(1), 85090(e)(1), 87730(c), 85090(c), 87730(e)(2), 85090(e)(2), 85091, 85092, 87730(f), 85090(f), H&S 1530, H&S 1562.3
<p><i>It is the vendor's responsibility to submit the Vendor Application/Renewal and applicable fee sixty (60) days prior to the expiration date.</i></p> <p><i>Courses presented after the expiration date, and prior to renewing vendor and course approvals, will not be accepted for certification of administrators. Certificates of Completion issued without authorization will be returned to the applicant or administrator with instructions to contact the vendor. Vendor approval and course approval will not be approved retroactively. This applies whether or not you receive a courtesy renewal notice.</i></p>	
If your vendorship is disapproved, your Vendor Application/Renewal package will be returned to you with a letter of explanation within thirty (30) days of receipt of your application. The requested information noted in the letter of explanation must be submitted to ACS within thirty (30) days, or the request for approval shall be deemed withdrawn.	87730(e)(2), 87730(f), 87730(g), 85090(e)(2), 85090(f), 85090(g)

ADMINISTRATOR CERTIFICATION PROGRAM VENDOR APPLICATION/RENEWAL			
INSTRUCTIONS: <ol style="list-style-type: none"> 1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines. 2. Please print or type. 3. Enclose a check or money order for the appropriate amount, payable to the Department of Social Services (DSS). 4. Mail to DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814. 5. Allow sixty (60) days for processing. 6. Please submit a separate application and package for each vendor/program type. 			
(1) Type of Program: (check one box) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> RCFE <input type="checkbox"/> ARF </div>			
(2) Type of Application: (check one box) (If Renewal, Provide Vendor Approval Number) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Initial <div style="display: flex; align-items: center;"> <input type="checkbox"/> Renewal <div style="border-bottom: 1px solid black; width: 100px; text-align: center;"> </div> </div> </div>			
(3) Type of Vendor: (check one box) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 35/40-Hour Vendor (\$150 Processing Fee) <input type="checkbox"/> CEU Vendor (\$100 Processing Fee) </div>			
(4) Name of Vendor:		(5) Phone Number:	
<div style="font-size: 48px; opacity: 0.3; transform: rotate(-15deg); position: relative; z-index: 1;">SAMPLE 7</div>			
(6) Vendor Mailing Address:			
(7) Vendor is a/an: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation </div> <div style="width: 30%;"> <input type="checkbox"/> University, College or School <input type="checkbox"/> Licensee/Administrator <input type="checkbox"/> Government Agency </div> <div style="width: 30%;"> <input type="checkbox"/> Provider Association <input type="checkbox"/> State Employee <input type="checkbox"/> Other: </div> </div>			
(8) Name:		(9) Title:	
(10) Authorized Representative:	(11) Authorized Representative Signature:	(12) Title	(13) Date:
(14) Mailing Address of Authorized Representative:			
The information requested is required. Failure to provide any of the requested information will result in the application being rejected as incomplete and returned to you. H&S Code 1530, H&S Code 1562.3, H&S Code 1569.616(i), Government Code 15376.			
(15) Name of Applicant Vendor:	(16) Signature of Applicant Vendor:	(17) Title:	(18) Date:
(19) DO NOT WRITE BELOW THIS LINE			
<input type="checkbox"/> Application/Renewal has been approved. Approval #: _____ Expires: _____		<input type="checkbox"/> Application/Renewal has been disapproved. (See attached Explanation)	
_____ Approved by	_____ Date	_____ Disapproved by	_____ Date

XII. How to Complete the Roster of Participants (LIC 9142)
(The numbers in parentheses noted on the form refer to the numbered instructions referenced here. *Tips are italicized.*)

Reference in Health
& Safety Code and
Regulations

- (1.) Indicate the course program type.

87730(b)(6),
85090(b)(6)

*Check only one box. All participants on this list
have attended the same course.*

- (2.) Fill in your vendor name as approved by the
Administrator Certification Section.

Do not abbreviate or shorten the name.

- (3.) Fill in your vendor approval number. If this is a 35-hour
or 40-hour initial certification course, skip number (6.).

- (4.) Fill in the date that the course was completed.

- (5.) Print the course name.

- (6.) Fill in the CEU course number if this is a CEU course.

- (7.) Print the last, first, and middle names of the participant.

*Do not abbreviate or shorten the names. Remind
course participants to use the same name throughout
the certification process, so that their records will
match in the certification system.*

Fill in the participant's Social Security Number.
(Optional)

Fill in the participant's date of birth.

Fill in the facility name or the facility license number
where the participant works.

*If the participant is an applicant administrator,
leave this space blank.*

Print the street address or Post Office box number, city,
state and zip code.

Do not abbreviate.

Fill in the participant's phone number.

Preferably this should be a phone number at which the participant can easily be reached during normal business hours.

Do not complete the Test Number space.

This space is reserved for test proctor use.

Do not complete the Test Score space.

This space is reserved for Administrator Certification Section use.

(8.) Print the name of the vendor's authorized representative.

(9.) Print the title of the authorized representative.

(10.) Provide the signature of the authorized representative.

(11.) Provide the signature date.

(12.) Do not complete the Name of Test Proctor space.

This space is reserved for test proctor use.

(13.) Do not complete the Title of Test Proctor space.

This space is reserved for test proctor use.

(14.) Do not complete the Signature of Test Proctor space.

This space is reserved for test proctor use.

(15.) Do not complete the signature date of test proctor space.

This space is reserved for test proctor use.

ADMINISTRATOR CERTIFICATION PROGRAM
ROSTER OF PARTICIPANTS

Instructions:		1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines. 2. Please print or type. 3. Complete the information requested below for all participants who have completed the required hours of classroom instruction. 4. Submit this roster within 7 days of completion of the required classroom instruction. 5. Mail to the Community Care Licensing Representative who will administer the Certification Test if this is an initial certification course. 6 Mail to the Administrator Certification Section if this is a continuing education course. 7. Please submit a separate roster for each course program type.													
(1) Course Program Type (check one box):		<input type="checkbox"/> RCFE Initial 40-Hour Course				<input type="checkbox"/> RCFE CEU				<input type="checkbox"/> ARF Initial 35-Hour Course				<input type="checkbox"/> ARF CEU	
(2) Vendor Name:						(3) Vendor #:								(4) Date:	
(5) Course Name:						(6) CEU Course #:									
(7) Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:		City:		Zip Code:		Phone Number:		Test Number:		Test Score:					
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:		City:		Zip Code:		Phone Number:		Test Number:		Test Score:					
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:		City:		Zip Code:		Phone Number:		Test Number:		Test Score:					
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:		City:		Zip Code:		Phone Number:		Test Number:		Test Score:					
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:		City:		Zip Code:		Phone Number:		Test Number:		Test Score:					
The information requested is required. Failure to complete any of the requested information will result in the roster being rejected as incomplete and returned to you. Additionally, rejected rosters will result in delays in issuing administrator certificates. Regulations Sections 87730(i)(4)(c) and 85090(i)(4)(c).															
(8) Name of Authorized Representative:				(9) Title of Authorized Representative:				(10) Signature of Authorized Representative:				(11) Date:			
(12) Name of Test Proctor:				(13) Title of Test Proctor:				(14) Signature of Test Proctor:				(15) Date:			

COURSE APPROVAL

XIII. Things You Should Know About Course Approval

A. A vendor must request approval of all courses on a Department provided Request for Course Approval (LIC 9140) form for each course intended to be offered for certification credit (*See Page 34, Sample 9*).

1. A separate course approval number for each approved course will be issued. A course approval number is generated by a computer as follows:

057-0209-2474

(last three digits of vendor number-number of hours approved, core of knowledge code-system assigned course sequence number)

2. Allow sixty (60) days for processing the Request for Course Approval form.

B. Approved course numbers are *not* transferable to another vendor or to other courses. Only the approved vendor who receives course approval is authorized to offer and advertise the course.

C. Approved courses generally expire at the same time that the vendor approval expires. Therefore, the length of a course approval may vary from one day to two years. Vendors will usually note on the course approval application if they are applying for a one-time only approval. Some reasons for limiting approval time are:

1. This is a one-time annual conference (the topics and content may be applicable to the current year only),
2. The speakers or instructors are available one time only (the speaker has committed to one engagement only),
3. The essence of the subject is scheduled for imminent regulation change.

D. A new request for course approval is required when:

1. The number of classroom hours originally approved changes,
2. The course content changes and/or a new topic is added, or
3. A change in instructor(s) occurs.

E. RCFE and ARF course approvals must be submitted separately. They are reviewed and approved by separate criteria.

1. A complete Request for Course Approval (LIC 9140) and a complete Course Approval Outline must be submitted for each course program type.

2. Incomplete requests for course approvals will be rejected and returned to you disapproved with a letter of explanation.
- F. RCFE CEU vendors and ARF CEU vendors should submit a Renewal of Continuing Education Course Approval (LIC 9139), for previously approved courses that they still intend to present (*See Page 41, Sample 10*), when submitting their Vendor Application/Renewal (LIC 9141) to renew vendor approval.
1. Classroom hours, course content and instructors must remain exactly as originally approved.
 2. Any changes to the original course will require the submission of a new Request for Course Approval.
- G. Initial RCFE 40-hour vendors and ARF 35-hour vendors should review their course content every two years to make sure that their courses are *updated* to current Health and Safety Code and Regulations. If the course content needs to be changed to meet current standards, submit a new Request for Course Approval (LIC 9140).
- H. Course approval may be granted for repeated CEU courses and/or conferences offered at various locations. However, the instructors, scheduled hours, and course content must remain unchanged. One course approval number will be assigned to the course. The vendor must include the tentatively scheduled dates, time schedules, and locations with their course approval request and course outline. Once the course is approved, confirm the scheduled dates, time schedules, and locations with ACS, a course advertisement will suffice. Administrators receive CEU credit by the course number. This means that an administrator can attend only one of the various located and scheduled conferences for credit.

XIV. Course Approval Processing Criteria

The general items listed below are criteria used to approve or disapprove course applications.

A. Course Application

Applications for course approval are reviewed for completeness and must have the original signature of the vendor or the vendor's authorized representative.

- Is the vendor number valid?
- Is the type of vendor appropriate to offer this course?
- Is the vendor expiration date current or expired?

B. Instructor Qualifications

Review topics to be presented and qualifications of instructors. Based on the resume provided, determine if each instructor is qualified by education or experience to instruct in the area he/she is presenting in accordance with Regulations Sections 85090(i)(6) or 87730(i)(6), whichever is applicable:

- Possession of a four-year college degree relevant to the course(s) to be taught, **OR**
- Possession of a valid California Teaching Credential, **OR**
- Be a health professional with a valid and current license to practice in California, **OR**
- Have at least four years' of experience in California as an administrator of an RCFE or ARF, whichever is applicable to the course content, within the last eight years, and with a record of administering facilities in substantial compliance, as defined in regulations sections 85051 or 87101.

Verify that each instructor who is an administrator or licensee is operating a RCFE or ARF in substantial compliance in accordance with H&S Code and Regulations.

On a case-by-case basis, when substantial demonstrated experience can be shown in the subject area, an exception to the regulatory requirements may be granted. Exceptions are subject to approval by the Administrator Certification Section Manager or Bureau Chief.

C. Description of Course Content

Determine if the description of the course content meets and enhances the core of knowledge, or relates to business operations or care of residents according to H&S Code Sections 1569.23 or 1569.616, whichever is applicable.

- Are any new directives or H&S Code or regulations applicable?
- Are there any exceptions to H&S Code or regulations requiring a policy decision?

D. Objective

Does the course accomplish the stated objective?

E. Method of Teaching

- What is the method of teaching, e.g., lecture, video, handout, etc.?
- Is the teaching method compatible to the subject matter to accomplish the objective?

F. Course Content

- Exactly what will be presented?
- Does the content meet and enhance the core of knowledge, or is it applicable to H&S Code Sections 1569.23 or 1569.616, whichever is applicable, or to regulations?
- Is any part of the content in conflict with H&S Code Sections 1569.23 or 1569.616, whichever is applicable, or with regulations?

G. Hour by Hour Schedule

- Is the hour-by-hour schedule of activities included?
- Are the hours instructional?
- Do the hours add up to the hours requested for approval?
- Do 35/40-hour programs present 35 or 40 hours of instruction in the required subject areas?
- Do 35/40-hour programs have the correct amount of hours required for each subject area?
- When are the breaks and are they reasonable?

H. Course Evaluation by Participants

- How will the participants be given the opportunity to evaluate the instruction given?
- How will the evaluations be made available for DSS review?

I. Participant Evaluation

- How will the instructors constructively measure their teaching effectiveness?
- Will the students have an opportunity to ask questions and seek clarification on the subject matter.

J. Makeup Procedure

- Is a makeup procedure provided for 35/40-hour initial certification courses?
- How can participants, who have missed components of a 35-hour or 40-hour initial certification course, arrange to make them up to complete the program?

K. Approved Number or Denial Letter

Send the applicable response to the vendor.

- Issue an approval number if the course meets the criteria.
- If the course does not meet the criteria, compose a letter stating the basis for the disapproval.

Items listed in A-K are items of information required to be provided in an application as specified in Health and Safety Code, Regulations, and the vendor guidelines. Missing items may result in the disapproval of the course.

XV. Advertising Approved Courses

- A. The Administrator Certification Section requests that vendors advertise courses only *after* course approval has been obtained. Reference to the applicable Administrator Certification Program should be made as follows:

"Approved by the Administrator Certification Section for 40 hours of initial training for RCFE Administrator Certification. Vendor Number: 1000057-740-1," or

"Approved by the Administrator Certification Section for 35 hours of initial training for ARF Administrator Certification. Vendor Number: 1000045-735-1," or

"Approved by the Administrator Certification Section for two (2) hours of continuing education units for RCFE Administrator recertification. Course Number: 057-0209-2474," or

"Approved by the Administrator Certification Section for five (5) hours of continuing education units for ARF Administrator recertification. Course Number: 219-0509-2435."

- B. The Administrator Certification Section does not publish course lists or offer advertising of approved courses. A list of approved vendors is published monthly for all requesters. This list may be obtained through your local Community Care Licensing District Office or from the Administrator Certification Section.

XVI. How to Apply for Course Approval

- A. Complete the Request for Course Approval (LIC 9140) provided in this packet with original signature.
1. The Request for Course Approval is to be used as a cover sheet to the detailed course approval outline.
 2. Substitute and alternate forms *will not* be accepted.
- B. Complete the Course Approval Outline. Refer to the section entitled, "How to Complete the Course Approval Outline."
1. Provide complete, current and accurate information.
 2. Spell out all acronyms.
- C. Mail the completed Request for Course Approval and the Course Approval Outline sixty (60) days prior to the first class to:

Department of Social Services
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, California 95814

<p>XVII. How to Complete the <u>Request for Course Approval</u> (LIC 9140) (The numbers in parentheses noted on the form refer to the numbered instructions referenced here. <i>Tips are italicized.</i>)</p>	<p>Reference in Health & Safety Code and Regulations</p>
<p>(1.) Check the appropriate box for the type of course approval you need.</p> <p><i>Check only one box.</i></p>	
<p>(2.) Fill in your vendor name exactly as approved by the Administrator Certification Section.</p>	<p>87730(b)(1), 85090(b)(1)</p>
<p>(3.) If you are already an approved vendor, fill in your vendor approval number exactly as approved by the Administrator Certification Section. If you are applying for vendor approval with this course approval, leave it blank. A vendor number will be issued to you on the <u>Vendor Application/Renewal</u> (LIC 9141) form.</p>	<p>87730(e)(1), 85090(e)(1)</p>
<p>(4.) Fill in your phone number exactly as approved by the Administrator Certification Section.</p> <p><i>The Department may contact your authorized representative at this phone number. Include the area code and extension. If you change your phone number, please notify the Administrator Certification Section and we will update your file.</i></p>	<p>87730(b)(1), 85090(b)(1)</p>
<p>(5.) Fill in your authorized representative's mailing address, exactly as approved by the Administrator Certification Section. Provide the address, city, state and zip code.</p> <p><i>If this address changes, you must notify the Administrator Certification Section. Failure to do so will delay correspondence.</i></p>	<p>87730(b)(1), 85090(b)(1)</p>
<p>(6.) Print the title of the course you are offering.</p> <p><i>Do not use a title that may mislead or confuse administrators, e.g., "Certification/Recertification."</i></p>	<p>87730(b)(2), 85090(b)(2)</p>
<p>(7.) Fill in the dates that the course will be offered.</p>	<p>87730(b)(2), 85090(b)(2)</p>

- 87730(b)(2),
85090(b)(2)

(9.) Fill in the fee amount you will charge administrators for your course.

- Take note of advice and examples provided.*

- (11.) Check off portions of the outline you have provided. If the outline is incomplete, return to "How to Complete the Course Approval Outline." If all portions of the outline are complete, proceed to number (12).

- (12.) Print the name of the authorized representative submitting the course approval.

- (13.) Print the title of the authorized representative.

- (14.) Provide the signature of the authorized representative.

- (15.) Provide the signature date.

- (16.) Do not write in the box provided for DSS use. If the Request for Course Approval is approved, a course approval number will be provided on this form which should be used when referring to the course in future correspondence and on Certificates of Completion issued to classroom participants. An expiration date will be provided. This is your official notification.

87730(g),
85090(g),
87730(e)(1),
85090(e)(1),
87730(c),
85090(c),
87730(e)(2),
85090(e)(2),
85091, 85092,
87730(f), 85090(f),
H&S 1530, H&S
1562.3

It is your responsibility to submit your course renewal application sixty (60) days prior to the expiration date. Courses presented after the expiration date, and prior to renewing vendor and course approvals, will not be accepted for certification of administrators. Certificates of Completion issued without authorization will be returned to the applicant or administrator with instructions to contact the vendor. Vendor approval and course approval will not be approved retroactively. This applies whether or not you receive a courtesy renewal notice.

If your course is disapproved, your Request for Course Approval and Course Outline package will be returned to you with a letter of explanation within thirty (30) days of receipt of your application. The requested information noted in the letter of explanation must be submitted to ACS within thirty (30) days, or the request for approval shall be deemed withdrawn.

87730(e)(2),
87730(f), 87730(g),
85090(e)(2),
85090(f), 85090(g)

ADMINISTRATOR CERTIFICATION PROGRAM REQUEST FOR COURSE APPROVAL

INSTRUCTIONS:		1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines. 2. Please use the outline format below (I.-IX.) to submit an attachment with this form. 3. Please print or type. 4. Submit this application 60 days in advance of the date the class is offered. 5. Mail to: DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814. 6. Please submit a separate application and package for each course/program type.																													
(1) Course Program Type (check one box)				RCFE 40-HOUR				ARF 35-HOUR				RCFE CEU				ARF CEU															
(2) Name of Vendor:								(3) Vendor Approval Number:								(4) Phone Number:															
								<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>																							
(5) Vendor Mailing Address:																															
<div style="font-size: 48px; opacity: 0.3; transform: rotate(-15deg);">SAMPLE 9</div>																															
(6) Title of Course:																															
(7) Dates Offered:								(8) Total Classroom Hours:								(9) Fee:															
(11) Check		(10) COURSE APPROVAL OUTLINE FORMAT																													
		To ensure timely processing of your course approval, attach and check off each item of the attachment according to this outline. Be sure to refer to "How to Complete the Course Approval Outline" provided in the Vendor Guidelines and Procedures. All boxes must be checked before mailing the application and outline package.																													
		I. Instructor(s) Current Resume(s)																													
		II. Description of Course																													
		III. Objective of Course																													
		IV. Teaching Methods																													
		V. Course Content																													
		VI. Method of Course Evaluation by Participants																													
		VII. Method of Evaluating Participants																													
		VIII. Types of Records to be Maintained																													
		IX. Location and/or Geographic Area Where the Course Will Be Presented																													
		X. Make Up Policy for 40-Hour/35-Hour Courses																													
The information requested is required. Failure to provide any of the requested information will result in the application being rejected as incomplete and returned to you. H&S Code 1530, H&S Code 1562.3, H&S Code 1569.616(i), Government Code 15376.																															
(12) Name of Authorized Representative:								(13) Title:								(14) Signature of Authorized Representative:								(15) Date:							
(16) DO NOT WRITE BELOW THIS LINE																															
40/35 HR. COURSE APPROVAL NUMBER								<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>								Date Approved:															
CEU COURSE APPROVAL NUMBER:								<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>								Date Approved:															
Approved by:												Expiration Date:																			

<p>XVIII. How to Complete the Course Approval Outline (Roman numerals on the Course Approval Outline correspond to the instructions provided here. <i>Tips are italicized.</i>)</p>	<p>Health and Safety Code and Regulations</p>
<p>(I.) Attach a current resume for each instructor presenting this course.</p>	<p>87730(b)(4), 87730(i)(4)(b), 85090(b)(4), 85090(i)(4)(b)</p>
<p><i>Advertisements and summaries are not acceptable. The resume should include the instructor's name, address, phone number, work experience and educational background. If the instructor is qualified to present the course by virtue of his/her degree, the course of study for which the degree was earned should be stated, e.g., Bachelor of Science Degree in Gerontology - U.C. Davis. If the instructor is qualified to present the course by virtue of his/her health professional license, include his/her title and license number. If the instructor is qualified to present the course by virtue of his/her teaching credential, state the name of the institution where the teaching credential was earned. If the instructor is qualified to present the course by virtue of his/her RCFE or ARF administrator experience, include the dates and facility name or number where this experience was gained, or the administrator certification number. Credit is not given for courses instructed by CCLD staff. Retired CCLD staff must meet the instructor qualifications. Contact the Administrator Certification Section if you have questions about instructor qualifications prior to submitting your Request for Course Approval.</i></p>	
<p><i>The resume should show how the instructor qualifies.</i></p>	<p>87730(i)(6), 85090(i)(6), 87730(b)(4) 85090(b)(4), 87101(a)(6), 85001(c)(1), 87101(a)(1), 80001(5)(b)</p>
<p><i>Vendors must use persons as instructors who have knowledge or experience in the subject area to be taught and who meet at least one of the following criteria:</i></p>	
<p><i>Possess a four-year college degree relevant to the course taught, or</i></p>	
<p><i>Possess a valid California Teacher Credential, or</i></p>	

<p><i>Be a health professional with a valid and current license to practice in California, or</i></p> <p><i>Have at least four years' experience in California as an administrator of an RCFE or an ARF facility, whichever applicable, within the last eight years, and have a record of experience of administering facilities in substantial compliance.</i></p>	
<p>(II.) Provide the description of the course.</p> <p><i>Show how the course directly relates to either the business operation of an Elderly or Adult Residential Facility, whichever is applicable, or the care and supervision of residents in a facility, or</i></p> <p><i>Relate how the course applies to the Core of Knowledge:</i></p> <ul style="list-style-type: none"> (1) <i>Laws, regulations, policies and procedural standards that impact the operations of an RCFE or an ARF, whichever applicable.</i> (2) <i>Business operations.</i> (3) <i>Management and supervision of staff.</i> (4) <i>Psychosocial need of elderly residents.</i> (5) <i>Physical needs of elderly residents.</i> (6) <i>Community and support services.</i> (7) <i>Use, misuse and interaction of drugs commonly used by an ARF or an RCFE, whichever applicable.</i> (8) <i>Resident admission, retention and assessment procedures.</i> 	<p>87730(b)(3), 85090(b)(3)</p> <p>H&S 1569.23(b), H&S 1569.616(c)(1)</p>
<p>(III.) Describe the objective of the course.</p> <p><i>Describe what the student is expected to know upon completion of the course.</i></p>	<p>87730(b)(3), 85090(b)(3)</p>

<p><i>Example: Students will know community and support services available for RCFE residents who lack the ability to see or hear, but require the availability of religious services.</i></p>	
<p>(IV.) Explain the types of teaching methods to be used.</p> <p><i>Describe the teaching methods and instructional tools that will be used to instruct and provide an understanding of the course content to students, e.g., lecture, handouts, discussion, overhead projector, demonstration, role playing, etc.</i></p>	<p>H&S 1569.616(i)(3) H&S 1562.3(h)(3)</p>
<p>(V.) Include a detailed description of course content, an hour by hour schedule of activities and names of instructors for each segment of the course.</p> <p><i>Course content is the curriculum used to instruct the students. An outline noting specific detail that will be presented is needed.</i></p> <p><i>An hour by hour schedule is aligned to the course content. It should show what time the course will begin and end, when and how long the break time is, and what time you would expect to present a certain topic during the course.</i></p> <p><i>The names of the instructors are aligned to the course content. State clearly who will be speaking, about what and when.</i></p> <p><i>Please contact the Administrator Certification Section if you require a sample to use as a model.</i></p>	<p>85090(i)(4)(a), 87730(i)(4)(a), 87730(i)(4)(b), 87730(b)(2), 87730(i)(5), 85090(i)(5), 85090(b)(2)</p>
<p>(VI.) Explain the method of course evaluation by participants.</p> <p><i>Provide a sample of the <u>Course Evaluation by Participants</u> you will use.</i></p>	<p>87730(b)(5), 85090(b)(5)</p>
<p>(VII.) Explain the method of evaluating the participants.</p> <p><i>Provide the method of evaluating participants.</i></p>	

(VIII.) Explain the types of records to be maintained for the courses presented.

87730(b)(6),
85090(b)(6)

Describe what records you will maintain, how and where you will store them, and for how long.

(IX.) Describe the location or geographic area where the course will be presented.

87730(b)(2),
85090(b)(2),
87730(b)(5),
85090(b)(5)

Provide the address(es) where the course will be presented. You may submit the course advertisement to provide this information.

(X.) Describe the makeup procedure for applicant Administrators.

87730(i)(2),
85090(i)(2)

Only initial RCFE 40-hour certification vendors and initial ARF 35-hour certification vendors must provide a procedure describing how administrator applicants may make up classes. Describe exactly what steps the administrator applicant needs to take to make up a class that he/she missed. Who should they contact? When or how soon should they make contact? Where do they need to go? How do you want them to contact you?

<p>XIX. How to <u>Complete the Renewal of Continuing Education Course Approval</u> (LIC 9139) (The numbers in parentheses noted on the form refer to the numbered instructions referenced here. <i>Tips are italicized.</i>)</p> <p>(1.) Indicate the course program type.</p> <p style="padding-left: 40px;"><i>Check only one box.</i></p> <p>(2.) Fill in the vendor name.</p> <p style="padding-left: 40px;"><i>The vendor name should appear exactly as approved on your approved Vendor Application/Renewal.</i></p> <p>(3.) Fill in the vendor approval number.</p> <p style="padding-left: 40px;"><i>Refer to your approved Vendor Application/Renewal</i></p> <p>(4.) Fill in the course names exactly as originally approved.</p> <p style="padding-left: 40px;"><i>Refer to your approved Request for Course Approval.</i></p> <p>(5.) Fill in the course numbers exactly as originally approved.</p> <p style="padding-left: 40px;"><i>Refer to your approved Request for Course Approval.</i></p> <p>(6.) Print the name of the vendor's authorized representative.</p> <p style="padding-left: 40px;"><i>Refer to your approved Vendor Application/Renewal</i></p> <p>(7.) Provide the signature of the authorized representative.</p> <p>(8.) Fill in the title of the authorized representative.</p> <p>(9.) Provide the signature date.</p> <p>(10.) Do not write in this space.</p> <p style="padding-left: 40px;"><i>This space is reserved for Administrator Certification Section to approve or disapprove the courses submitted.</i></p>	<p>Health and Safety Code and Regulations</p> <p>87730(c), 87730(d), 85090(c), 85090(d)</p>
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(11.) Do not write in this space.

*This space is reserved for Administrator
Certification Section to designate the reviewer.*

ADMINISTRATOR CERTIFICATION PROGRAM
RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

- Instructions:**
1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines.
 2. Please print or type.
 3. Submit this application **60 days** in advance of the date the class is offered.
 4. Mail to: DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814.
 5. Please submit a **separate** application for each course program type.
 6. Submit renewals for RCFE 40-Hour and ARF 35-Hour courses using LIC 9141. The course content should be renewed to reflect current Health and Safety Code and Regulations.

(1) Course Program Type (check one box):

(2) Vendor Name Exactly as Originally Approved:

(3) Vendor Approval Number:

RCFE CEU

ARF CEU

(10) FOR APPROVAL USE ONLY**FILL THESE COLUMNS**Disapproved
DateApproval
Granted
Effective
DateNew
Expiration
Date

(4) Course Name(s) Exactly as Originally Approved

(5) Course Number(s) Exactly as
Originally Approved

The above listed courses have approval dates which expire with our vendorship. We are requesting to renew our vendor approval and we wish to continue offering these courses. We assure that the course content, the instructors and the hours remain identical as originally approved. Should any changes in the course content, instructors or hours occur, we will submit a new course approval form to the Administrator Certification Section prior to conducting the revised course. Notice of dates, times and locations will be submitted on an ongoing basis. H&S Code 1569.616(i)(5), H&S Code 1562.3(h)(5).

(6) Authorized Representative:

(7) Signature of Authorized Representative:

(8) Title:

(9) Date:

(11) DO NOT WRITE BELOW THIS LINE

Reviewed by:

LIC 9139 (1/98)

Date

APPENDIX

INSTRUCTIONS:

1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines.
2. Please print or type.
3. Enclose a check or money order for the appropriate amount, payable to the Department of Social Services (DSS).
4. Mail to DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814.
5. Allow **sixty (60) days** for processing.
6. Please submit a **separate** application and package for each vendor/program type.

RCFE

ARF

Initial

☐ Renewal

☐ 35/40 Hour Vendor (\$150 Processing Fee)

☐ CEU Vendor (\$100 Processing Fee)

(5) Phone Number:

Individual

University, College or School

☐ Provider Association

Partnership

Licensee/Administrator

State Employee

Corporation

	Government Agency
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Other:

(9) Title:

(13) Date:

(14) Mailing Address of Authorized Representative:

The information requested is required. Failure to provide any of the requested information will result in the application being rejected as incomplete and returned to you. H&S Code 1530, H&S Code 1562.3, H&S Code 1569.616(i), Government Code 15376.

(18) Date:

☐ Application/Renewal has been approved.

☐ Application/Renewal has been disapproved.

Approval #:

Expires:

(See attached Explanation)

Approved by

Date _____

Disapproved by

Date _____

ADMINISTRATOR CERTIFICATION PROGRAM REQUEST FOR COURSE APPROVAL

INSTRUCTIONS:		1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines. 2. Please use the outline format below (I.-IX.) to submit an attachment with this form. 3. Please print or type. 4. Submit this application 60 days in advance of the date the class is offered. 5. Mail to: DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814. 6. Please submit a separate application and package for each course/program type.																					
(1) Course Program Type (check one box)				RCFE 40-HOUR				ARF 35-HOUR				RCFE CEU				ARF CEU							
(2) Name of Vendor:								(3) Vendor Approval Number:								(4) Phone Number:							
								<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>															
(5) Vendor Mailing Address:																							
(6) Title of Course:																							
(7) Dates Offered:								(8) Total Classroom Hours:								(9) Fee:							
(11) Check		(10) COURSE APPROVAL OUTLINE FORMAT																					
		To ensure timely processing of your course approval, attach and check off each item of the attachment according to this outline. Be sure to refer to "How to Complete the Course Approval Outline" provided in the Vendor Guidelines and Procedures. All boxes must be checked before mailing the application and outline package.																					
		I. Instructor(s) Current Resume(s)																					
		II. Description of Course																					
		III. Objective of Course																					
		IV. Teaching Methods																					
		V. Course Content																					
		VI. Method of Course Evaluation by Participants																					
		VII. Method of Evaluating Participants																					
		VIII. Types of Records to be Maintained																					
		IX. Location and/or Geographic Area Where the Course Will Be Presented																					
		X. Make Up Policy for 40-Hour/35-Hour Courses																					
The information requested is required. Failure to provide any of the requested information will result in the application being rejected as incomplete and returned to you. H&S Code 1530, H&S Code 1562.3, H&S Code 1569.616(i), Government Code 15376.																							
(12) Name of Authorized Representative:						(13) Title:						(14) Signature of Authorized Representative:						(15) Date:					
(16) DO NOT WRITE BELOW THIS LINE																							
40/35 HR. COURSE APPROVAL NUMBER						<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>						Date Approved:											
CEU COURSE APPROVAL NUMBER:						<div style="display: flex; justify-content: space-between;"> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> </div>						Date Approved:											
Approved by:												Expiration Date:											

ADMINISTRATOR CERTIFICATION PROGRAM
RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

- Instructions:**
1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines.
 2. Please print or type.
 3. Submit this application **60 days** in advance of the date the class is offered.
 4. Mail to: DSS, Administrator Certification Section, 744 P Street, M.S. 19-47, Sacramento, California 95814.
 5. Please submit a **separate** application for each course program type.
 6. Submit renewals for RCFE 40-Hour and ARF 35-Hour courses using LIC 9141. The course content should be renewed to reflect current Health and Safety Code and Regulations.

(1) Course Program Type (check one box):

(2) Vendor Name Exactly as Originally Approved:

(3) Vendor Approval Number:

RCFE CEU

ARF CEU

(10) FOR APPROVAL USE ONLY**FILL THESE COLUMNS**Disapproved
DateApproval
Granted
Effective
DateNew
Expiration
Date

(4) Course Name(s) Exactly as Originally Approved

(5) Course Number(s) Exactly as
Originally Approved

				<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
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The above listed courses have approval dates which expire with our vendorship. We are requesting to renew our vendor approval and we wish to continue offering these courses. We assure that the course content, the instructors and the hours remain identical as originally approved. Should any changes in the course content, instructors or hours occur, we will submit a new course approval form to the Administrator Certification Section prior to conducting the revised course. Notice of dates, times and locations will be submitted on an ongoing basis. H&S Code 1569.616(i)(5), H&S Code 1562.3(h)(5).

(6) Authorized Representative:

(7) Signature of Authorized Representative:

(8) Title:

(9) Date:

(11) DO NOT WRITE BELOW THIS LINE

Reviewed by:

LIC 9139 (1/98)

Date

ADMINISTRATOR CERTIFICATION PROGRAM
ROSTER OF PARTICIPANTS

Instructions:		1. Please read the vendor guidelines carefully before completing this application. The numbers in parentheses refer to specific information in the guidelines. 2. Please print or type. 3. Complete the information requested below for all participants who have completed the required hours of classroom instruction. 4. Submit this roster within 7 days of completion of the required classroom instruction. 5. Mail to the Community Care Licensing Representative who will administer the Certification Test if this is an initial certification course. 6 Mail to the Administrator Certification Section if this is a continuing education course. 7. Please submit a separate roster for each course program type.													
(1) Course Program Type (check one box):		RCFE Initial 40-Hour Course				RCFE CEU				ARF Initial 35-Hour Course				ARF CEU	
(2) Vendor Name:						(3) Vendor #:								(4) Date:	
(5) Course Name:						(6) CEU Course #:									
(7) Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:				City:		Zip Code:		Phone Number:		Test Number:		Test Score:			
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:				City:		Zip Code:		Phone Number:		Test Number:		Test Score:			
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:				City:		Zip Code:		Phone Number:		Test Number:		Test Score:			
Last Name of Participant:		First Name of Participant:		Middle Name of Participant:		Social Security # (Optional):		Date of Birth:		Facility Name or Facility License #:					
Address:				City:		Zip Code:		Phone Number:		Test Number:		Test Score:			
The information requested is required. Failure to complete any of the requested information will result in the roster being rejected as incomplete and returned to you. Additionally, rejected rosters will result in delays in issuing administrator certificates. Regulations Sections 87730(i)(4)(c) and 85090(i)(4)(c).															
(8) Name of Authorized Representative:				(9) Title of Authorized Representative:				(10) Signature of Authorized Representative:				(11) Date:			
(12) Name of Test Proctor:				(13) Title of Test Proctor:				(14) Signature of Test Proctor:				(15) Date:			

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814

**REQUEST FOR ADMINISTRATOR CERTIFICATE
RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)**

I am requesting my RCFE administrator certificate. Enclosed you will find:

1. A copy of my test results letter.
2. A copy of my certificate of course completion for the 40-hour training program or 12-hour training program for Nursing Home Administrators.
3. A check or money order for the **\$100.00 processing fee made payable to the Department of Social Services.**
4. A completed copy of my Request for Administrator Certificate form, (this form).
5. A copy of my criminal record clearance, or a completed BID 7B fingerprint card and my check or money order for **\$52.00, made payable to the Department of Justice.**

In order to avoid delays in the processing of your application, please include all of the required documents as mentioned above. *Incomplete applications will be returned.*

PLEASE PRINT

SOCIAL SECURITY NUMBER _____

NAME _____

LAST

FIRST

MI

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____

FACILITY NUMBER _____

FACILITY NAME _____

TELEPHONE NUMBER _____

VENDOR NAME

VENDOR NUMBER

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814

**REQUEST FOR ADMINISTRATOR CERTIFICATE
ADULT RESIDENTIAL FACILITY (ARF)**

I am requesting my ARF administrator certificate. Enclosed you will find:

1. A copy of my test results letter.
2. A copy of my certificate of course completion for the 35-hour training program.
3. A check or money order for the **\$100.00 processing fee made payable to The Department of Social Services.**
4. A completed copy of my Request for Administrator Certificate form, (this form).
5. A copy of my criminal record clearance, or a completed BID 7B fingerprint card and my check or money order for **\$52.00, made payable to The Department of Justice.**

In order to avoid delays in the processing of your application, please include all of the required documents as mentioned above. *Incomplete applications will be returned.*

PLEASE PRINT

SOCIAL SECURITY NUMBER _____

NAME _____

LAST

FIRST

MI

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____

FACILITY NUMBER _____

FACILITY NAME _____

TELEPHONE NUMBER _____

VENDOR NAME _____

VENDOR NUMBER _____

INSTRUCTION SHEET FOR OBTAINING CERTIFICATION FROM COMMUNITY CARE LICENSING

Send the following items to:

Department of Social Services
Community Care Licensing Division
Administrator Certification Section
744 P Street, M.S. 19-47
Sacramento, California 95814

1. A copy of your test results letter.
 2. A copy of your certificate of completion given to you by the training vendor on the last day of class. Do not send the original.
 3. A check or money order for \$100.00 made payable to the Department of Social Services.
 4. A completed copy of the Request for Administrator Certificate form.
 5. If you have not yet submitted your fingerprints to the Department of Justice by the time you request certification, you must also include a completed fingerprint card (BID 7B) and a check for \$52.00 made payable to the Department of Justice. If you need a fingerprint card, you can obtain one from your local Licensing District Office or from your licensee.
- Be sure to make copies of all of the items listed above for your personal records.
- If you have any questions concerning the status of your application for administrator certification, contact the Administrator Certification Section at (916) 324-4317. However, please allow at least thirty (30) days for processing your application before calling.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED. THIS WILL DELAY THE ISSUANCE OF YOUR CERTIFICATE.

ATTACH HERE IN THIS ORDER:

H. VENDOR LISTS

I. REGULATIONS